

ASSEMBLY, No. 2972

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED FEBRUARY 20, 2020

Sponsored by:
Assemblyman JAY WEBBER
District 26 (Essex, Morris and Passaic)

SYNOPSIS

Prohibits incarcerated individuals from receiving Medicaid, Work First New Jersey, or Supplemental Nutrition Assistance Program benefits.

CURRENT VERSION OF TEXT

As introduced.



1 **AN ACT** concerning public benefits for incarcerated individuals,
2 amending P.L.1968, c.413 and P.L.1997, c.14, and
3 supplementing Title 30 of the Revised Statutes.

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. (New section) a. As used in this section:

9 “Department” means the Department of Human Services.

10 “Medicaid” means the Medicaid program established pursuant to
11 P.L.1968, c.413 (C.30:4D-1 et seq.).

12 “Supplemental Nutrition Assistance Program” means the New
13 Jersey Supplemental Nutrition Assistance Program established
14 pursuant to the federal "Food and Nutrition Act of 2008," as
15 amended through Pub.L.110-246 (7 U.S.C. s.2011 et seq.).

16 “Work First New Jersey” means the Work First New Jersey
17 program established pursuant to P.L.1997, c.38 (C.44:10-55 et
18 seq.).

19 b. The department shall establish information sharing
20 procedures with the Department of Corrections, the Administrative
21 Office of the Courts, and individual counties, as necessary, to
22 obtain complete, up-to-date information, on at least a monthly basis,
23 on individuals who are incarcerated in the custody of the State or a
24 county.

25 c. The department shall compare, on at least a monthly basis,
26 information provided pursuant to subsection b. of this section to its
27 enrollment data for Medicaid, Work First New Jersey, and the
28 Supplemental Nutrition Assistance Program. The department shall
29 immediately suspend the eligibility of an individual who is
30 incarcerated and is ineligible to receive Medicaid, Work First New
31 Jersey, or the Supplemental Nutrition Assistance Program benefits.

32

33 2. Section 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read
34 as follows:

35 6. a. Subject to the requirements of Title XIX of the federal
36 Social Security Act, the limitations imposed by this act and by the
37 rules and regulations promulgated pursuant thereto, the department
38 shall provide medical assistance to qualified applicants, including
39 authorized services within each of the following classifications:

40 (1) Inpatient hospital services;

41 (2) Outpatient hospital services;

42 (3) Other laboratory and X-ray services;

43 (4) (a) Skilled nursing or intermediate care facility services;

44 (b) Early and periodic screening and diagnosis of individuals
45 who are eligible under the program and are under age 21, to

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 ascertain their physical or mental health status and the health care,
2 treatment, and other measures to correct or ameliorate defects and
3 chronic conditions discovered thereby, as may be provided in
4 regulations of the Secretary of the federal Department of Health and
5 Human Services and approved by the commissioner;

6 (5) Physician's services furnished in the office, the patient's
7 home, a hospital, a skilled nursing~~],~~ or intermediate care facility,
8 or elsewhere.

9 As used in this subsection, "laboratory and X-ray services"
10 includes HIV drug resistance testing, including, but not limited to,
11 genotype assays that have been cleared or approved by the federal
12 Food and Drug Administration, laboratory developed genotype
13 assays, phenotype assays, and other assays using phenotype
14 prediction with genotype comparison, for persons diagnosed with
15 HIV infection or AIDS.

16 b. Subject to the limitations imposed by federal law, by this
17 act, and by the rules and regulations promulgated pursuant thereto,
18 the medical assistance program may be expanded to include
19 authorized services within each of the following classifications:

20 (1) Medical care not included in subsection a.(5) above, or any
21 other type of remedial care recognized under State law, furnished
22 by licensed practitioners within the scope of their practice, as
23 defined by State law;

24 (2) Home health care services;

25 (3) Clinic services;

26 (4) Dental services;

27 (5) Physical therapy and related services;

28 (6) Prescribed drugs, dentures, and prosthetic devices; and
29 eyeglasses prescribed by a physician skilled in diseases of the eye
30 or by an optometrist, whichever the individual may select;

31 (7) Optometric services;

32 (8) Podiatric services;

33 (9) Chiropractic services;

34 (10) Psychological services;

35 (11) Inpatient psychiatric hospital services for individuals under
36 21 years of age, or under age 22 if they are receiving such services
37 immediately before attaining age 21;

38 (12) Other diagnostic, screening, preventive, and rehabilitative
39 services, and other remedial care;

40 (13) Inpatient hospital services, nursing facility services, and
41 intermediate care facility services for individuals 65 years of age or
42 over in an institution for mental diseases;

43 (14) Intermediate care facility services;

44 (15) Transportation services;

45 (16) Services in connection with the inpatient or outpatient
46 treatment or care of substance use disorder, when the treatment is
47 prescribed by a physician and provided in a licensed hospital or in a
48 narcotic and substance use disorder treatment center approved by

1 the **【Department of Health pursuant to P.L.1970, c.334 (C.26:2G-21**
2 **et seq.)】** Division of Mental Health and Addiction Services in the
3 Department of Human Services and whose staff includes a medical
4 director, and limited to those services eligible for federal financial
5 participation under Title XIX of the federal Social Security Act;

6 (17) Any other medical care and any other type of remedial care
7 recognized under State law, specified by the Secretary of the federal
8 Department of Health and Human Services, and approved by the
9 commissioner;

10 (18) Comprehensive maternity care, which may include: the
11 basic number of prenatal and postpartum visits recommended by the
12 American College of **【Obstetrics and Gynecology】** Obstetricians
13 and Gynecologists; additional prenatal and postpartum visits that
14 are medically necessary; necessary laboratory, nutritional
15 assessment and counseling, health education, personal counseling,
16 managed care, outreach, and follow-up services; treatment of
17 conditions which may complicate pregnancy; doula care; and
18 physician or certified nurse-midwife delivery services. For the
19 purposes of this paragraph, "doula" means a trained professional
20 who provides continuous physical, emotional, and informational
21 support to a mother before, during, and shortly after childbirth, to
22 help her to achieve the healthiest, most satisfying experience
23 possible;

24 (19) Comprehensive pediatric care, which may include:
25 ambulatory, preventive, and primary care health services. The
26 preventive services shall include, at a minimum, the basic number
27 of preventive visits recommended by the American Academy of
28 Pediatrics;

29 (20) Services provided by a hospice which is participating in the
30 Medicare program established pursuant to Title XVIII of the Social
31 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice
32 services shall be provided subject to approval of the Secretary of
33 the federal Department of Health and Human Services for federal
34 reimbursement;

35 (21) Mammograms, subject to approval of the Secretary of the
36 federal Department of Health and Human Services for federal
37 reimbursement, including one baseline mammogram for women
38 who are at least 35 but less than 40 years of age; one mammogram
39 examination every two years or more frequently, if recommended
40 by a physician, for women who are at least 40 but less than 50 years
41 of age; and one mammogram examination every year for women
42 age 50 and over;

43 (22) Upon referral by a physician, advanced practice nurse, or
44 physician assistant of a person who has been diagnosed with
45 diabetes, gestational diabetes, or pre-diabetes, in accordance with
46 standards adopted by the American Diabetes Association:

47 (a) Expenses for diabetes self-management education or training
48 to ensure that a person with diabetes, gestational diabetes, or pre-

1 diabetes can optimize metabolic control, prevent and manage
2 complications, and maximize quality of life. Diabetes self-
3 management education shall be provided by an in-State provider
4 who is:

5 (i) a licensed, registered, or certified health care professional
6 who is certified by the National Certification Board of Diabetes
7 Educators as a Certified Diabetes Educator, or certified by the
8 American Association of Diabetes Educators with a Board
9 Certified-Advanced Diabetes Management credential, including, but
10 not limited to: a physician, an advanced practice or registered nurse,
11 a physician assistant, a pharmacist, a chiropractor, a dietitian
12 registered by a nationally recognized professional association of
13 dietitians, or a nutritionist holding a certified nutritionist specialist
14 (CNS) credential from the Board for Certification of Nutrition
15 Specialists; or

16 (ii) an entity meeting the National Standards for Diabetes Self-
17 Management Education and Support, as evidenced by a recognition
18 by the American Diabetes Association or accreditation by the
19 American Association of Diabetes Educators;

20 (b) Expenses for medical nutrition therapy as an effective
21 component of the person's overall treatment plan upon a: diagnosis
22 of diabetes, gestational diabetes, or pre-diabetes; change in the
23 beneficiary's medical condition, treatment, or diagnosis; or
24 determination of a physician, advanced practice nurse, or physician
25 assistant that reeducation or refresher education is necessary.
26 Medical nutrition therapy shall be provided by an in-State provider
27 who is a dietitian registered by a nationally-recognized professional
28 association of dietitians, or a nutritionist holding a certified
29 nutritionist specialist (CNS) credential from the Board for
30 Certification of Nutrition Specialists, who is familiar with the
31 components of diabetes medical nutrition therapy;

32 (c) For a person diagnosed with pre-diabetes, items and services
33 furnished under an in-State diabetes prevention program that meets
34 the standards of the National Diabetes Prevention Program, as
35 established by the federal Centers for Disease Control and
36 Prevention; and

37 (d) Expenses for any medically appropriate and necessary
38 supplies and equipment recommended or prescribed by a physician,
39 advanced practice nurse, or physician assistant for the management
40 and treatment of diabetes, gestational diabetes, or pre-diabetes,
41 including, but not limited to: equipment and supplies for self-
42 management of blood glucose; insulin pens; insulin pumps and
43 related supplies; and other insulin delivery devices; and

44 (23) Expenses incurred for the provision of group prenatal care
45 services to a pregnant woman, provided that:

46 (a) the provider of such services, which shall include, but not be
47 limited to, a federally qualified health center or a community health
48 center operating in the State :

1 (i) is a site accredited by the Centering Healthcare Institute, or
2 is a site engaged in an active implementation contract with the
3 Centering Healthcare Institute, that utilizes the CenteringPregnancy
4 model; and

5 (ii) incorporates the applicable information outlined in any best
6 practices manual for prenatal and postpartum maternal care
7 developed by the Department of Health into the curriculum for each
8 group prenatal visit;

9 (b) each group prenatal care visit is at least 1.5 hours in
10 duration, with a minimum of two women and a maximum of 20
11 women in participation; and

12 (c) no more than 10 group prenatal care visits occur per
13 pregnancy.

14 As used in this paragraph, "group prenatal care services" means a
15 series of prenatal care visits provided in a group setting which are
16 based upon the CenteringPregnancy model developed by the
17 Centering Healthcare Institute and which include health
18 assessments, social and clinical support, and educational activities.

19 c. Payments for the foregoing services, goods, and supplies
20 furnished pursuant to this act shall be made to the extent authorized
21 by this act, the rules and regulations promulgated pursuant thereto
22 and, where applicable, subject to the agreement of insurance
23 provided for under this act. The payments shall constitute payment
24 in full to the provider on behalf of the recipient. Every provider
25 making a claim for payment pursuant to this act shall certify in
26 writing on the claim submitted that no additional amount will be
27 charged to the recipient, the recipient's family, the recipient's
28 representative or others on the recipient's behalf for the services,
29 goods, and supplies furnished pursuant to this act.

30 No provider whose claim for payment pursuant to this act has
31 been denied because the services, goods, or supplies were
32 determined to be medically unnecessary shall seek reimbursement
33 from the recipient, his family, his representative or others on his
34 behalf for such services, goods, and supplies provided pursuant to
35 this act; provided, however, a provider may seek reimbursement
36 from a recipient for services, goods, or supplies not authorized by
37 this act, if the recipient elected to receive the services, goods or
38 supplies with the knowledge that they were not authorized.

39 d. Any individual eligible for medical assistance (including
40 drugs) may obtain such assistance from any person qualified to
41 perform the service or services required (including an organization
42 which provides such services, or arranges for their availability on a
43 prepayment basis), who undertakes to provide the individual such
44 services.

45 No copayment or other form of cost-sharing shall be imposed on
46 any individual eligible for medical assistance, except as mandated
47 by federal law as a condition of federal financial participation.

48 e. Anything in this act to the contrary notwithstanding, no

1 payments for medical assistance shall be made under this act,
2 including payments to a Medicaid managed care organization, with
3 respect to care or services for any individual who:

4 (1) Is an inmate of a public institution, including a federal,
5 State, or local correctional facility, (except as a patient in a medical
6 institution); **【**provided, however, that an individual who is
7 otherwise eligible may continue to receive services for the month in
8 which he becomes an inmate, should the commissioner determine to
9 expand the scope of Medicaid eligibility to include such an
10 individual, subject to the limitations imposed by federal law and
11 regulations, or**】**

12 (2) Has not attained 65 years of age and who is a patient in an
13 institution for mental diseases**【,】**; or

14 (3) Is over 21 years of age and who is receiving inpatient
15 psychiatric hospital services in a psychiatric facility; provided,
16 however, that an individual who was receiving such services
17 immediately prior to attaining age 21 may continue to receive such
18 services until the individual reaches age 22. Nothing in this
19 subsection shall prohibit the commissioner from extending medical
20 assistance to all eligible persons receiving inpatient psychiatric
21 services; provided that there is federal financial participation
22 available.

23 f. (1) A third party as defined in section 3 of P.L.1968, c.413
24 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in
25 this or another state when determining the person's eligibility for
26 enrollment or the provision of benefits by that third party.

27 (2) In addition, any provision in a contract of insurance, health
28 benefits plan, or other health care coverage document, will, trust,
29 agreement, court order, or other instrument which reduces or
30 excludes coverage or payment for health care-related goods and
31 services to or for an individual because of that individual's actual or
32 potential eligibility for or receipt of Medicaid benefits shall be null
33 and void, and no payments shall be made under this act as a result
34 of any such provision.

35 (3) Notwithstanding any provision of law to the contrary, the
36 provisions of paragraph (2) of this subsection shall not apply to a
37 trust agreement that is established pursuant to 42 U.S.C.
38 s.1396p(d)(4)(A) or (C) to supplement and augment assistance
39 provided by government entities to a person who is disabled as
40 defined in section 1614(a)(3) of the federal Social Security Act (42
41 U.S.C. s.1382c (a)(3)).

42 g. The following services shall be provided to eligible
43 medically needy individuals as follows:

44 (1) Pregnant women shall be provided prenatal care and delivery
45 services and postpartum care, including the services cited in
46 subsections a.(1), (3), and (5) of this section and subsections b.(1)-
47 (10), (12), (15), and (17) of this section, and nursing facility
48 services cited in subsection b.(13) of this section.

1 (2) Dependent children shall be provided with services cited in
2 subsections a.(3) and (5) of this section and subsections b.(1), (2),
3 (3), (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and
4 nursing facility services cited in subsection b.(13) of this section.

5 (3) Individuals who are 65 years of age or older shall be
6 provided with services cited in subsections a.(3) and (5) of this
7 section and subsections b.(1)-(5), (6) excluding prescribed drugs,
8 (7), (8), (10), (12), (15), and (17) of this section, and nursing
9 facility services cited in subsection b.(13) of this section.

10 (4) Individuals who are blind or disabled shall be provided with
11 services cited in subsections a.(3) and (5) of this section and
12 subsections b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),
13 (12), (15), and (17) of this section, and nursing facility services
14 cited in subsection b.(13) of this section.

15 (5) (a) Inpatient hospital services, subsection a.(1) of this
16 section, shall only be provided to eligible medically needy
17 individuals, other than pregnant women, if the federal Department
18 of Health and Human Services discontinues the State's waiver to
19 establish inpatient hospital reimbursement rates for the Medicare
20 and Medicaid programs under the authority of section 601(c)(3) of
21 the Social Security Act Amendments of 1983, Pub.L.98-21 (42
22 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be
23 extended to other eligible medically needy individuals if the federal
24 Department of Health and Human Services directs that these
25 services be included.

26 (b) Outpatient hospital services, subsection a.(2) of this section,
27 shall only be provided to eligible medically needy individuals if the
28 federal Department of Health and Human Services discontinues the
29 State's waiver to establish outpatient hospital reimbursement rates
30 for the Medicare and Medicaid programs under the authority of
31 section 601(c)(3) of the Social Security Amendments of 1983,
32 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital
33 services may be extended to all or to certain medically needy
34 individuals if the federal Department of Health and Human Services
35 directs that these services be included. However, the use of
36 outpatient hospital services shall be limited to clinic services and to
37 emergency room services for injuries and significant acute medical
38 conditions.

39 (c) The division shall monitor the use of inpatient and outpatient
40 hospital services by medically needy persons.

41 h. In the case of a qualified disabled and working individual
42 pursuant to section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the
43 only medical assistance provided under this act shall be the
44 payment of premiums for Medicare part A under 42 U.S.C.
45 ss.1395i-2 and 1395r.

46 i. In the case of a specified low-income Medicare beneficiary
47 pursuant to 42 U.S.C. s.1396a(a)(10)(E)iii, the only medical
48 assistance provided under this act shall be the payment of premiums

1 for Medicare part B under 42 U.S.C. s.1395r as provided for in 42
2 U.S.C. s.1396d(p)(3)(A)(ii).

3 j. In the case of a qualified individual pursuant to 42 U.S.C.
4 s.1396a(aa), the only medical assistance provided under this act
5 shall be payment for authorized services provided during the period
6 in which the individual requires treatment for breast or cervical
7 cancer, in accordance with criteria established by the commissioner.

8 k. In the case of a qualified individual pursuant to 42 U.S.C.
9 s.1396a(ii), the only medical assistance provided under this act shall
10 be payment for family planning services and supplies as described
11 at 42 U.S.C. s.1396d(a)(4)(C), including medical diagnosis and
12 treatment services that are provided pursuant to a family planning
13 service in a family planning setting.

14 (cf: P.L.2019, c.237, s.2)

15
16 3. Section 5 of P.L.1997, c.14 (C.44:10-48) is amended to read
17 as follows:

18 5. a. Only those persons who are United States citizens or
19 eligible aliens shall be eligible for benefits under the Work First
20 New Jersey program. Single adults or couples without dependent
21 children who are legal aliens who meet federal requirements and
22 have applied for citizenship, shall not receive benefits for more than
23 six months unless (1) they attain citizenship, or (2) they have passed
24 the English language and civics components for citizenship, and are
25 awaiting final determination of citizenship by the **U.S. Citizenship and**
26 **Immigration and Naturalization Service** U.S. Citizenship and
27 Immigration Services.

28 b. The following persons shall not be eligible for assistance and
29 shall not be considered to be members of an assistance unit:

30 (1) non-needy caretakers, except that the eligibility of a
31 dependent child shall not be affected by the income or resources of
32 a non-needy caretaker;

33 (2) Supplemental Security Income recipients, except for the
34 purposes of receiving emergency assistance benefits pursuant to
35 section 8 of P.L.1997, c.14 (C.44:10-51);

36 (3) illegal aliens;

37 (4) other aliens who are not eligible aliens;

38 (5) a person absent from the home who is incarcerated in a
39 federal, State, county or local corrective facility or under the
40 custody of correctional authorities**],** except as provided by
41 regulation of the commissioner**];**

42 (6) a person who: is fleeing to avoid prosecution, custody or
43 confinement after conviction, under the laws of the jurisdiction
44 from which the person has fled, for a crime or an attempt to commit
45 a crime which is a felony or a high misdemeanor under the laws of
46 the jurisdiction from which the person has fled; or is violating a
47 condition of probation or parole imposed under federal or state law;

1 (7) a person convicted on or after August 22, 1996 under federal
2 or state law of any offense which is classified as a felony or crime,
3 as appropriate, under the laws of the jurisdiction involved and
4 which has as an element the possession, use, or distribution of a
5 controlled substance as defined in section 102(6) of the federal
6 "Controlled Substances Act" (21 U.S.C. s.802 (6)), who would
7 otherwise be eligible for general public assistance pursuant to
8 P.L.1947, c.156 (C.44:8-107 et seq.); except that such a person who
9 is convicted of any such offense which has as an element the
10 possession or use only of such a controlled substance may be
11 eligible for Work First New Jersey general public assistance
12 benefits if the person enrolls in or has completed a licensed
13 residential or outpatient drug treatment program. An otherwise
14 eligible individual who has a past drug conviction shall be eligible
15 for general public assistance without enrolling in or completing a
16 drug treatment program if either: (1) an appropriate treatment
17 program is not available; or (2) the person is excused from enrolling
18 in a treatment program for good cause pursuant to regulation.

19 Eligibility for benefits for a person entering a licensed drug
20 treatment program which does not operate in a State correctional
21 facility or county jail shall commence upon the person's enrollment
22 in the drug treatment program, and shall continue during the
23 person's active participation in, and upon completion of, the drug
24 treatment program, except that during the person's active
25 participation in a drug treatment program and the first 60 days after
26 completion of a drug treatment program, the commissioner shall
27 provide for testing of the person to determine if the person is free of
28 any controlled substance. If the person is determined to not be free
29 of any controlled substance during the 60-day period, the person's
30 eligibility for benefits pursuant to this paragraph shall be
31 terminated; except that this provision shall not apply to the use of
32 prescription drugs by a person who is actively participating in a
33 drug treatment program, as prescribed by the drug treatment
34 program. The commissioner shall adopt regulations to carry out the
35 provisions of this paragraph, which shall include the criteria for
36 determining active participation in and completion of a drug
37 treatment program.

38 Eligibility for benefits for a person who completes a licensed
39 residential drug treatment program which operates in a State
40 correctional facility or county jail, in accordance with section 1 of
41 P.L.2014, c.1 (C.26:2B-40), shall commence upon release from
42 incarceration.

43 Cash benefits, less a personal needs allowance, for a person
44 receiving general public assistance benefits under the Work First
45 New Jersey program who is enrolled in and actively participating in
46 a licensed drug treatment program shall be issued directly to the
47 drug treatment provider to offset the cost of treatment. Upon
48 completion of the drug treatment program, the cash benefits shall be

1 then issued to the person. In the case of a delay in issuing cash
2 benefits to a person receiving Work First New Jersey general public
3 assistance benefits who has completed the drug treatment program,
4 the drug treatment provider shall transmit to the person those funds
5 received on behalf of that person after completion of the drug
6 treatment program;

7 (8) a person found to have fraudulently misrepresented his
8 residence in order to obtain means-tested, public benefits in two or
9 more states or jurisdictions, who shall be ineligible for benefits for
10 a period of 10 years from the date of conviction in a federal or state
11 court; or

12 (9) a person who intentionally makes a false or misleading
13 statement or misrepresents, conceals or withholds facts for the
14 purpose of receiving benefits, who shall be ineligible for benefits
15 for a period of six months for the first violation, 12 months for the
16 second violation, and permanently for the third violation.

17 c. A person who makes a false statement with the intent to
18 qualify for benefits and by reason thereof receives benefits for
19 which the person is not eligible is guilty of a crime of the fourth
20 degree.

21 d. Pursuant to the authorization provided to the states under 21
22 U.S.C. s.862a(d)(1), this State elects to exempt from the application
23 of 21 U.S.C. s.862a(a):

24 (1) needy persons and their dependent children domiciled in
25 New Jersey for the purposes of receiving benefits under the Work
26 First New Jersey program and food assistance under the federal
27 "Food and Nutrition Act of 2008," **【Pub.L.110-234】** Pub.L.110-246
28 (7 U.S.C. s.2011 et seq.); and

29 (2) single persons and married couples without dependent
30 children domiciled in New Jersey for the purposes of receiving food
31 assistance under Pub.L.110-234.
32 (cf: P.L.2016, c.69, s.1)

33
34 4. The Commissioner of Human Services, pursuant to the
35 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
36 seq.), shall adopt rules and regulations necessary to implement the
37 provisions of this act.

38
39 5. This act shall take effect on the first day of the seventh
40 month next following the date of enactment.

41 42 43 STATEMENT

44
45 This bill prohibits incarcerated individuals from receiving public
46 benefits from Medicaid, Work First New Jersey, or the
47 Supplemental Nutrition Assistance Program (SNAP).

48 In general, current law prohibits incarcerated individuals from

1 receiving benefits under these programs, but due to a lack of
2 information sharing between relevant government agencies,
3 inappropriate payments sometimes occur. In order to reduce these
4 inappropriate payments, the bill requires the Department of Human
5 Services (which administers the three programs) to establish
6 information sharing procedures with the Department of Corrections,
7 the Administrative Office of the Courts, and individual counties, as
8 necessary, to obtain complete, up-to-date information, on at least a
9 monthly basis, on individuals who are incarcerated in the custody of
10 the State or a county. The bill also requires the department to
11 compare, on at least a monthly basis, this information to its
12 enrollment data the for Medicaid, Work First New Jersey, and
13 SNAP programs, and immediately suspend the eligibility of any
14 individual who is incarcerated and is ineligible to receive benefits
15 in any of the programs.

16 The bill also amends current law to eliminate the authority of the
17 Commissioner of Human Services to extend eligibility for Medicaid
18 to incarcerated individuals in the first month of their incarceration,
19 and to clarify that payments to Medicaid managed care
20 organizations for care or services for an incarcerated individual are
21 prohibited. The bill also eliminates the commissioner's authority to
22 extend Work First New Jersey eligibility to incarcerated individuals
23 by regulation.

24 This bill was inspired by the May 29, 2013 report by the Office
25 of the State Comptroller, which identified improper payments
26 totaling more than \$12.6 million in these three programs between
27 July 1, 2009 and April 30, 2011.